

County: Milwaukee
LUTHERAN HOME, INC., THE
7500 WEST NORTH AVENUE
WAUWATOSA 53213

Phone: (414) 258-6170

Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/02): 248
Total Licensed Bed Capacity (12/31/02): 313
Number of Residents on 12/31/02: 227

Facility ID: 4270

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Ownership: Nonprofit Church/Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 248

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		15.9
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		55.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		29.1
Day Services	No	Mental Illness (Org./Psy)	11.0	65 - 74	3.5			-----
Respite Care	No	Mental Illness (Other)	0.4	75 - 84	26.9			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	52.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.3	95 & Over	16.7	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.3		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	7.5		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	24.2	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	16.3		-----	RNs		14.7
Referral Service	No	Diabetes	3.5	Sex	%	LPNs		11.7
Other Services	No	Respiratory	3.1	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	31.3	Male	17.6	Aides, & Orderlies		
Mentally Ill	No		-----	Female	82.4	51.3		
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All	
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%			Per Diem (\$)
Int. Skilled Care	0	0.0	0	3	2.1	116	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	1.3
Skilled Care	13	100.0	286	82	58.6	116	0	0.0	0	45	60.8	200	0	0.0	0	0	0.0	0	140	61.7
Intermediate	---	---	---	55	39.3	116	0	0.0	0	29	39.2	180	0	0.0	0	0	0.0	0	84	37.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100.0		140	100.0		0	0.0		74	100.0		0	0.0		0	0.0		227	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

				% Needing				Total	
Percent Admissions from:		Activities of		Assistance of		% Totally		Number of	
		Daily Living (ADL)		One Or Two Staff		Dependent		Residents	
Private Home/No Home Health		1.1		Independent		70.5		227	
Private Home/With Home Health		2.2		Bathing		29.5		227	
Other Nursing Homes		7.7		Dressing		30.4		227	
Acute Care Hospitals		81.3		Transferring		25.6		227	
Psych. Hosp.-MR/DD Facilities		1.1		Toilet Use		26.0		227	
Rehabilitation Hospitals		1.1		Eating		14.1		227	
Other Locations		5.5	*****						
Total Number of Admissions		91	Continence		% Special Treatments		%		
Percent Discharges To:			Indwelling Or External Catheter		7.0		Receiving Respiratory Care		5.3
Private Home/No Home Health		17.8	Occ/Freq. Incontinent of Bladder		63.9		Receiving Tracheostomy Care		0.0
Private Home/With Home Health		10.4	Occ/Freq. Incontinent of Bowel		51.5		Receiving Suctioning		0.0
Other Nursing Homes		1.5					Receiving Ostomy Care		1.8
Acute Care Hospitals		8.9	Mobility				Receiving Tube Feeding		2.6
Psych. Hosp.-MR/DD Facilities		0.0	Physically Restrained		0.0		Receiving Mechanically Altered Diets		27.8
Rehabilitation Hospitals		0.0							
Other Locations		6.7	Skin Care				Other Resident Characteristics		
Deaths		54.8	With Pressure Sores		4.4		Have Advance Directives		100.0
Total Number of Discharges			With Rashes		0.4		Medications		
(Including Deaths)		135					Receiving Psychoactive Drugs		47.6

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

		This Facility	Ownership:		Bed Size:		Licensure:		All
		%	Peer Group	Ratio	Peer Group	Ratio	Peer Group	Ratio	Facilities
			%		%		%		%
Occupancy Rate: Average Daily Census/Licensed Beds		79.2	85.6	0.93	80.4	0.99	84.2	0.94	85.1
Current Residents from In-County		85.5	88.1	0.97	83.5	1.02	85.3	1.00	76.6
Admissions from In-County, Still Residing		37.4	23.6	1.58	25.1	1.49	21.0	1.78	20.3
Admissions/Average Daily Census		36.7	134.2	0.27	101.8	0.36	153.9	0.24	133.4
Discharges/Average Daily Census		54.4	140.2	0.39	107.7	0.51	156.0	0.35	135.3
Discharges To Private Residence/Average Daily Census		15.3	46.8	0.33	34.2	0.45	56.3	0.27	56.6
Residents Receiving Skilled Care		63.0	90.1	0.70	89.6	0.70	91.6	0.69	86.3
Residents Aged 65 and Older		100	96.3	1.04	90.9	1.10	91.5	1.09	87.7
Title 19 (Medicaid) Funded Residents		61.7	52.8	1.17	68.5	0.90	60.8	1.01	67.5
Private Pay Funded Residents		32.6	34.8	0.94	18.7	1.74	23.4	1.39	21.0
Developmentally Disabled Residents		0.0	0.6	0.00	0.7	0.00	0.8	0.00	7.1
Mentally Ill Residents		11.5	35.2	0.33	38.5	0.30	32.8	0.35	33.3
General Medical Service Residents		31.3	23.7	1.32	16.9	1.85	23.3	1.34	20.5
Impaired ADL (Mean)		49.7	50.5	0.98	52.1	0.95	51.0	0.97	49.3
Psychological Problems		47.6	54.7	0.87	54.1	0.88	53.9	0.88	54.0
Nursing Care Required (Mean)		5.3	7.2	0.73	7.7	0.68	7.2	0.73	7.2